

FILED FEB 23 1949.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

6158  
1225

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN ST LOUIS MOc. LENGTH OF  
STAY (in this place)2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY ST LOUIS MOc. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN RICHLAND HTS. MOd. FULL NAME OF  
HOSPITAL OR  
INSTITUTION ST JOHNS HOSPd. STREET  
ADDRESS (If rural, give location)  
7333 ETHEL AVE3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

WM J FISHERFEB 81949

5. SEX

MOWTOOL MAKER100WWW

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Elmo R. Gadwell*

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.